

CITY OF SANTA BARBARA

APPLICATION for RECREATION DEPARTMENT INDEPENDENT CONTRACTOR

Finance Dept B/L	

Date of Application:	New	Renewal		
Applicant's Name:				
Address (include street, city, and zip code):				
Mailing Address (if different from above):				
Telephone Number:	Social Security Number:			
Program or Activity:				
Term of Contract. From:	То:			
Note: Please include your Social Security Number and correct address. Failure to provide this information could result in delays in receiving your paycheck and year- end tax form 1099. ALSO, if your contract is terminated or cancelled, it is your responsibility to call the Finance Department at 564-5341 to close your independent contractor's business license. Penalties are accessed the first day after the license expires.				
I hereby certify, under penalty of perjury, the information reported on this form is true and complete, to the best of my knowledge.				
Applicant Signature	Date			
Fee Schedule: Under \$1,200.00 gros From \$1,201.00 to \$2				
	Amount to	be Paid:		

Make check payable to "City of Santa Barbara"